



## Complete Summary

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### TITLE

Hospice services satisfaction: mean section score for "Arranging Hospice Care" questions on Hospice Services Survey.

### SOURCE(S)

Hospice services survey. South Bend (IN): Press Ganey Associates, Inc.; 2004. 4 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the mean score for the questions in the "Arranging Hospice Care" section of the Hospice Services Survey.

The "Arranging Hospice Care" section is one of five sections that comprise the [Hospice Services Survey](#). Mean section scores are reported for each section of the survey. In addition, an "Overall Facility Rating" score is reported.

### RATIONALE

1. Patient satisfaction is both an indicator of quality of care, and a component of quality care.

In 2001, the Institute of Medicine (IOM) advocated a patient-centered model of care (Crossing the Quality Chasm: A New Health System for the 21st Century). In part, this is a reflection of the growing understanding that

"...patients constantly judge the motives and competence of caregivers through their interaction with them. This judgment is a very personal one, based on perceptions of care being responsive to patients' "individual needs," rather than to any universal code of standards (McGlynn, 1997). When these individual needs are perceived as being met, better care results. Lohr (1997) notes: "Inferior care results when health professionals lack full mastery of their clinical areas or cannot communicate effectively and compassionately." In short, when patients perceive motives, communication, empathy, and clinical judgment positively, they will respond more positively to care...Sobel (1995) claims that improved communication and interaction between caregiver and patient improves actual outcome. Donabedian (1988, 1744) notes that "...the interpersonal process is the vehicle by which technical care is implemented and on which its success depends" (from Press [2002] Patient Satisfaction: Defining, Measuring, and Improving the Experience of Care, Health Administration Press).

It is clear that patients quite actively evaluate what is happening to them during the experience of care. The degree to which the patient judges the care experience as satisfactory "...is not only an indicator of the quality of care, but a component of quality care, as well" (Press, 2002).

Patient Satisfaction has been linked to the following clinical outcomes: Clinical Quality (e.g., Hemoglobin A1c levels, cholesterol levels, lower bed disability days); Chronic Disease Control; Compliance; Drug Complications; Quality of Life; Emotional Health Status; Mental Health; Physical Functioning; Physical Health Status; Post-Surgery Complications; Post-Surgery Recovery Times; Risk-Adjusted Mortality Rates; Unexpected Mortality; and Work Effectiveness (Clark, Drain, Malone, 2004).

2. In addition to its connection to quality of care and clinical outcomes, Patient Satisfaction has been linked to the following:
  - Topline (Revenue): Loyalty; Volume; Physician Satisfaction; Patient's Trust in Provider; Retention; Employee Satisfaction
  - Bottomline (Expenses): Reduction in Expenses; Reduction in Length of Stay; Reduction in Complaints; Reduction in Malpractice Claims; Direct Measures of Financial Performance (e.g., bond rating, core margin, earnings per adjusted admission, market share, net margin, profit margin) (Clark, Drain, Malone, 2004)

#### PRIMARY CLINICAL COMPONENT

Hospice services satisfaction

#### DENOMINATOR DESCRIPTION

Family members of patients in hospice care during the reporting period who answered at least one question in the "Arranging Hospice Care" section of the Hospice Services Survey

#### NUMERATOR DESCRIPTION

The mean of all the family members' scores for the questions from the "Arranging Hospice Care" section of the Hospice Services Survey

Refer to the "Press Ganey's Hospice Services Survey: Calculation of Scores Information" document listed in the "Companion Documents" field for additional details.

#### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

#### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Miceli PJ, Mylod DE. Satisfaction of families using end-of-life care: current successes and challenges in the hospice industry. Am J Hosp Palliat Care 2003 Sep-Oct; 20(5): 360-70. [PubMed](#)

#### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

Internal quality improvement

#### Application of Measure in its Current Use

#### CARE SETTING

Hospices

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

#### TARGET POPULATION AGE

Unspecified

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Unspecified

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

Unspecified

#### UTILIZATION

Unspecified

#### COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

End of Life Care

## IOM DOMAIN

Patient-centeredness

### Data Collection for the Measure

#### CASE FINDING

Users of care only

#### DESCRIPTION OF CASE FINDING

Family members of patients in hospice care during the reporting period

#### DENOMINATOR SAMPLING FRAME

Patients associated with provider

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Family members of patients in hospice care during the reporting period who answered at least one question in the "Arranging Hospice Care" section of the Hospice Services Survey

##### Exclusions

Unspecified

#### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

#### DENOMINATOR (INDEX) EVENT

Institutionalization

#### DENOMINATOR TIME WINDOW

Time window is a fixed period of time

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

The mean of all the family members' scores for the questions from the "Arranging Hospice Care" section of the Hospice Services Survey

Refer to the "Press Ganey's Hospice Services Survey: Calculation of Scores Information" document listed in the "Companion Documents" field for additional details.

Exclusions  
Unspecified

#### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Encounter or point in time

#### DATA SOURCE

Administrative data and patient survey

#### LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Non-weighted Score/Composite/Scale

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

#### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Data may be reported out separately for various kinds of patient groups at the client's request.

#### STANDARD OF COMPARISON

External comparison of time trends  
Internal time comparison

### EXTENT OF MEASURE TESTING

The results of the psychometric analysis of test data indicated that the questionnaire has a high degree of validity and reliability. Construct validity was investigated using factor analysis. Principle Component factor analysis with oblique rotation identified six factors that accounted for 66% of the total variance. These factors generally paralleled the structure of subscales of the questionnaire. However, three separate factors emerged for the Hospice team section: nursing care, aide care, and care provided by other hospice workers. Because the nature of hospice care emphasizes a team approach, these factors will remain grouped together as a single subscale.

Predictive validity was investigated by determining the degree to which each survey item was able to predict the family members' likelihood to recommend hospice services. This outcome measure was chosen because satisfaction literature defines positive word of mouth (recommending to friends and family) as a behavioral outcome of satisfaction. A series of simple regression analyses revealed that each of the individual items are significant predictors (at the .01 level) of patients' reported likelihood to recommend the hospice services (betas ranged between .21 and .86). The questionnaire's reliability was examined using Cronbach's alpha. All five of the revised scales exceeded the stringent .70 standard for reliable measures. Reliability estimates for the sections range from .91 to .97. The Cronbach alpha for the entire questionnaire is .98, confirming the instrument's high internal consistency and reliability.

### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Hospice care family survey psychometrics. South Bend (IN): Press Ganey Associates, Inc.; 5 p.

Miceli PJ, Mylod DE. Satisfaction of families using end-of-life care: current successes and challenges in the hospice industry. *Am J Hosp Palliat Care* 2003 Sep-Oct; 20(5): 360-70. [PubMed](#)

Mylod DE. Press, Ganey's commitment to hospice care. In: *Satisfaction monitor*. South Bend (IN): Press Ganey; 2000 Mar-Apr. p. 8.

## Identifying Information

### ORIGINAL TITLE

Hospice Services Survey, Arranging Hospice Care.

### COMPOSITE MEASURE NAME

[Hospice services satisfaction: overall facility rating score on the Hospice Services Survey.](#)

## DEVELOPER

Press Ganey Associates, Inc.

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2000 Jan

## REVISION DATE

2003 Jan

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

Hospice services survey. South Bend (IN): Press Ganey Associates, Inc.; 2004. 4 p.

## MEASURE AVAILABILITY

The individual measure, "Hospice Services Survey, Arranging Hospice Care," is published in the "Hospice Services Survey."

For further information, contact: Press Ganey, 404 Columbia Place, South Bend, Indiana 46601; telephone: 800-232-8032; fax: 574-232-3485; e-mail: [sgesell@pressganey.com](mailto:sgesell@pressganey.com); Web site: [www.pressganey.com](http://www.pressganey.com).

## COMPANION DOCUMENTS

The following is available:

- Press Ganey's hospice services survey: calculation of scores information. South Bend (IN): Press Ganey Associates; 2 p.

For further information, contact: Press Ganey, 404 Columbia Place, South Bend, Indiana 46601; telephone: 800-232-8032; fax: 574-232-3485; e-mail: [sgesell@pressganey.com](mailto:sgesell@pressganey.com); Web site: [www.pressganey.com](http://www.pressganey.com).

## NQMC STATUS

This NQMC summary was completed by ECRI on March 24, 2006. The information was verified by the measure developer on April 3, 2006.



## COPYRIGHT STATEMENT

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All inquiries regarding the measure should be directed to the [Press Ganey Web site](#) or e-mail Sabina B. Gesell, Ph.D. at [sgesell@pressganey.com](mailto:sgesell@pressganey.com).

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The logo for FIRST GOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

